## Procedures

* an asthma register;
* an up-to-date asthma policy;
* an asthma lead/champion;
* all pupils have immediate access to their reliever inhaler at all times;
* all pupils with asthma have an up-to-date asthma action plan;
* an emergency salbutamol inhaler and spacer;
* ensure all staff have regular asthma training; and
* promote asthma awareness with pupils, parents and staff.

**Asthma Register**

Schools to hold an Asthma register of children within the school that is updated annually. School to ask parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. Once parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler schools to ensure that pupil is added to the asthma register and has:

* An up-to-date copy of their personal asthma action plan.
* Their reliever (salbutamol/terbutaline) inhaler and spacer in school.
* Permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

**Medication and Inhalers**

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should **not** bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse **at home**. However, if the pupil is going on a residential trip, schools are aware that they will need to take their preventer inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so (expected to be by key stage 2). However, schools will discuss this with each child’s parent/carer and teacher. Schools recognise that all children may still need supervision in taking their inhaler.

For Younger children, reliever inhalers are kept ***[detail where the inhalers will be kept]****.*

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the wellbeing of the child. If schools have any concerns over a child’s ability to use their inhaler schools will refer them to the school nurse and advise parents/carers to arrange an urgent review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

**Asthma Action Plans**

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. Schools recognise that having to attend hospital can cause stress for a family. Therefore school believes it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

**Staff training**

Staff will need regular asthma updates. This training can be provided by Essex Partnership University NHS Foundation Trust Specialist Asthma & Allergy Service – email: epunft.caa@nhs.net or via the Education for Health online learning platform.

**School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil’s asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil’s will not come into contact with their triggers, where possible.

We are aware that triggers can include:

* Colds and infection
* Dust and house dust mite
* Pollen, spores and moulds
* Feathers
* Furry animals
* Exercise, laughing
* Stress
* Cold air, change in the weather
* Chemicals, glue, paint, aerosols
* Food allergies
* Fumes and cigarette smoke (Source: Asthma UK)

As part of school’s responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. Risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

**Exercise and activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school’s asthma register. (Source: Asthma UK)

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK)

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE. (Source: Asthma UK)

**When asthma is affecting a pupil’s education**

School is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if school identifies that asthma is impacting on the life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons, school will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated personal Asthma Action Plan, to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having a disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

**Emergency Salbutamol Inhaler in school**

School is aware of the guidance ‘The use of emergency salbutamol inhalers in schools from the Department of Health’ (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015). Summarised key points from this policy are below.

School is able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. Schools have ***[number of kits]*** emergency kits, which are kept in the ***[detail]*** so it is easy to access. Each kit contains:

* A salbutamol metered dose inhaler;
* At least two spacers compatible with the inhaler;
* Instructions on using the inhaler and spacer;
* Instruction on cleaning and storing the inhaler;
* Manufacturer’s information;
* A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
* A note of the arrangements for replacing the inhaler and spacers;
* A list of children permitted to use the emergency inhaler; and
* A record of administration of the inhaler.

School understands that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

School will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

School asthma lead/champion will ensure that:

* On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available. It is recommended that puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has ***[detail number of puffs]*** puffs, so when it gets to ***[detail number of puffs]*** puffs having been used it will need to be replaced.
* Replacement inhalers are obtained when expiry dates approach.
* Replacement spacers are available following use.
* The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.
* Ensure that all spacers are cleaned, dried and returned to storage following use or replacements are ordered or requested, as necessary.
* Any spacer in the emergency kit cannot be reused. schools will replace spacers following use. The emergency kit inhaler can be reused, so long as it hasn’t come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.
* Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children:

* Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.
* The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

**Common ‘day to day’ symptoms of asthma**

School requires that children with asthma have a personal asthma action plan provided by their doctor/nurse. Action plans inform of the day-to-day symptoms of each child’s asthma and how to respond to them in an individual basis. Schools will also send home their own information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with school’s asthma register.

However, schools also recognise that some of the most common day-to-day symptoms of asthma are:

* Dry cough;
* Wheeze (a ‘whistle’ heard on breathing out) often when exercising;
* Shortness of breath when exposed to a trigger or exercising; and/or
* Tight chest.

These symptoms are usually responsive to the use of the child’s inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

**Asthma Attacks**

School recognises that if all of the above is in place, they should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, schools are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed in the staff room.

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

* Persistent cough (when at rest).
* A wheezing sound coming from the chest (when at rest).
* Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
* Nasal flaring.
* Unable to talk or complete sentences. Some children will go very quiet.
* May try to tell you that their chest ‘feels tight’ (younger children may express this as tummy ache).

If the child is showing these symptoms, school will follow the guidance for responding to an asthma attack recorded below. However, school also recognises that they need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

* appears exhausted;
* has a blue/white tinge around lips;
* is going blue;
* has collapsed.

In the event of an asthma attack staff will:

* Keep calm and reassure the child.
* Encourage the child to sit up and slightly forward.
* Use the child’s own inhaler – if not available, use the emergency inhaler.
* Remain with the child while the inhaler and spacer are brought to them.
* Shake the inhaler and remove the cap.
* Place the place the mask securely over the nose and mouth ensuring a good seal.
* Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths).
* If there is no improvement, repeat these steps 5 to 7 above up to a maximum of 10 puffs.
* Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
* If you have had to treat a child for an asthma attack in school, it is important that schools inform the parents/carers and advise that they should make an appointment with the GP.
* If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
* If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
* If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
* A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.